

AUG 19 2005

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/015,959
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	November 1, 2001
		First Named Inventor	Kjeld B. Egevang
TOTAL AMOUNT OF PAYMENT (\$) 910.00		Examiner Name	Ho, Chung T.
		Art Unit	2664
		Attorney Docket No.	42390P11637

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	21	21*	0	x	50.00	=	\$0.00
Independent Claims	5	5*	0	x	200.00	=	\$0.00
Multiple Dependent						=	

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	360	2203	180
1204	300	2204	150
1205	300	2205	150

Fee Code	Fee (\$)	Fee Description
1202	50	Claims in excess of 20
1201	200	Independent claims in excess of 3
1203	360	Multiple Dependent claim, if not paid
1204	300	**Reissue independent claims over original patent
1205	300	**Reissue claims in excess of 20 and over original patent

*or number previously paid, if greater, For Reissues, see below

SUBTOTAL (1) (\$) 0.00

2. ADDITIONAL FEES

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,560	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	2451	1,510
1460	130	2460	130
1807	50	1807	50
1808	180	1808	180
1809	790	1809	365
1810	790	2810	395

Other fee (specify)

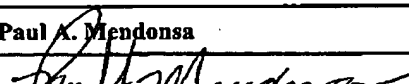
Request For Continued Examination - RCE (\$790)

SUBTOTAL (2)

Fee Paid

120.00

(\$) 910.00

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879
Signature		Telephone	(503) 439-8778
		Date	08/19/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450